

Report to:	HEALTH AND WELLBEING BOARD
Date:	10 November 2016
Executive Member / Reporting Officer:	Councillor Ged Cooney - Executive Member (Healthy and Working) Angela Hardman – Director of Public Health and Performance
Subject:	DEVELOPING THE FUTURE ROLE AND PRIORITIES OF HEALTH AND WELLBEING BOARD/ UPDATE ON HEALTH AND WELLBEING STRATEGY 2013-16
Report Summary:	The Health and Wellbeing Board has recently held a development session to review its purpose as a place-based system-leader. The report brings forward the themes of the workshop with a set of recommendations around the future Forward Plan of the Board. The attached presentation outlines the progress made to date against the Health and Wellbeing Strategy 2013-16.
Recommendations:	The Health and Wellbeing Board are asked: <ul style="list-style-type: none"> • To discuss and agree the principles outlined in the paper. • To agree wider determinant priority focus areas for collective action moving into next year. • To discuss the arrangements of the refresh of the Health and Wellbeing Strategy beyond 2016, alignment to the locality plan and Commissioning for Reform Strategy.
Links to Health and Wellbeing Strategy:	The work plan of the Health and Wellbeing Board together with partner priorities link to all priorities in the Tameside Joint Health and Wellbeing Strategy.
Policy Implications:	There are a number of core duties defined in the Health and Social Care Act 2012 which underpin the work of Health and Wellbeing Boards these include; undertaking a Joint Strategic Needs Assessment (JSNA) to identify the health and wellbeing priorities of the local population and once these are known, the development of a Joint Health and Wellbeing Strategy (JHWS) outlining how the board intends to achieve improvements to local health outcomes. These processes provide Health and Wellbeing Boards with a strategic framework that health and social care commissioners must have regard to.
Financial Implications: (Authorised by the Section 151 Officer)	There are no direct financial implications arising from this report. However Health and Wellbeing Board members are reminded that the strategy and associated priorities need to be delivered within resources available whilst also realising efficiencies.
Legal Implications: (Authorised by the Borough Solicitor)	The statutory purpose of the Board is to provide system-wide leadership, offering constructive challenge, in order to: <ul style="list-style-type: none"> • improve the health and wellbeing of the people in Tameside;

- reduce health inequalities;
- promote the integration of services.

Only the Health and Wellbeing Board has oversight and membership of the entire local health and care system and the factors that impact locally on health and health inequalities such as education, housing, employment, transport, planning and the environment. To improve health outcomes of Tameside residents, it is imperative that locally senior leaders come together to develop this oversight and hold each other collectively for delivery.

Risk Management :

As a statutory committee of Tameside Council the Terms and Reference will form part of the Council's Constitution.

Access to Information :

The background papers relating to this report can be inspected by contacting Debbie Watson, Head of Health and Wellbeing:



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1. INTRODUCTION

- 1.1 Tameside's Health and Wellbeing Board (HWBB) held a development session in September 2016 to review its role to date regarding local systems and transformation leadership. Members were encouraged to undertake an honest appraisal of the Board's progress to date and reflect upon how the HWBB should proceed to provide effective leadership to both the local and Greater Manchester-wide integration programmes.
- 1.2 The Tameside Health and Wellbeing Board has been in place since April 2013. Its statutory purpose is to provide system-wide leadership, offering constructive challenge, in order to:
- improve the health and wellbeing of the people in Tameside;
 - reduce health inequalities;
 - promote the integration of services.
- 1.3 The Local Government Association (LGA) and NHS Clinical Commissioners (NHSCC)¹ have released a call to action for all HWBBs to review their role and consider how they can strengthen their position to:
- take a place-based preventative approach to health improvement and tackling health inequalities;
 - offer system leadership, as the basis for wider devolution of health and social care.
- 1.4 The Board took time during the year to refresh the governance structures within which it operates, aligning to the Care Together programme and Single Commissioning Board, in order to ensure that it was fully aware of the extent and limitations of its statutory powers and duties.

2. KEY THEMES FROM THE DEVELOPMENT SESSION

- 2.1 Health and Wellbeing Board members believe that health and wellbeing boards provide a genuine opportunity to develop a place-based, preventative approach to commissioning health and care services, improving health and tackling health inequalities and the wider determinants of health.
- 2.2 **Systems Leadership, Clarity of Purpose and Function** – this was the fundamental issue that arose from the session. Board Members felt that the primary role should be to provide macro-level system-leadership, across the network of organisations and arrangements that make up the local health economy – i.e. the local 'system'. A manageable number of issues should be explored, discussed and understood, for the purpose of the Board's time adding value to what happens in other parts of the system, rather than to duplicate the efforts of partner organisations.
- 2.4 Board members distinguished between scrutiny and oversight, considering that it was not the role of the Board to provide scrutiny or performance management, in the way that individual commissioning organisations might for specific service contracts; or as scrutiny panels would across a particular issue.
- 2.5 Whilst there are a number of decision-making structures across the system, the HWBB is the only forum that brings all of the economy's senior leaders together at one time; and the

¹ LGA/NHSCC. (2015). Making it better together: A call to action on the future of health and wellbeing boards. Local Government Association. See <http://www.local.gov.uk/documents/10180/6869714/L15-254+Making+it+better+together+-+A+call+to+action+on+the+future+of+health+and+wellbeing+boards/311885a4-5597-4007-8069-46bc2732d6a2>

only space in which there is the opportunity for real discussion and ascertaining an in-depth understanding of issues for the Board's attention.

- 2.6 As such, the Board should function to protect this space and opportunity for the economy's leaders, in order to enable the Board to provide effective (macro-level) system-leadership. This should be the focus of the Board's function in order for it to make necessary decisions.
- 2.7 **Priority Issues** – although the priorities of the Joint Health and Wellbeing Strategy were upheld, there was a consensus in the group that the Board should focus much more on public sector reform and the wider determinants of health. It was considered that the efforts of the Board should be to determine where it can add value to impacting on these priorities via the collective partnership arrangement, and not include items on its agenda that may be duplicated elsewhere within the system.
- 2.8 The ability of the Board to manage the structural and financial challenges posed by current financial settlements, public sector reform and the public expectations with regard to the delivery of local services will be tested in the coming years. The presentation attached sets out a comprehensive review of our current Health and Wellbeing Strategy 2013-2016. There was broad agreement amongst Board members at the development session that the Strategy and the life course priorities areas that sit beneath it should be refreshed and updated to align with this evolving context and associated programmes of work.
- 2.9 Members felt that the Board should choose to work together on 2/3 cross cutting issues that affect the wider health agenda. Ideas proposed included:
- Early Years
 - Integrated Neighbourhood working
 - Health and Work
 - Mental Health and Wellbeing
 - Spatial Strategy/Place
 - Successful/ Healthy Ageing
- 2.10 There was general acceptance that the Board needed to adopt the four main strands of the GM Plan Taking Charge of Health and Social Care in Greater Manchester.
- 2.11 The Board membership was discussed. The Board has recently welcomed membership of both Greater Manchester Police and Greater Manchester Fire and Rescue. It was agreed that a representative from DWP / Job Centre Plus would be asked to join the Board to strengthen links with the Working Well programme.
- 2.12 The members discussed the Forward Plan of the Board, asking that it was opened up for Board member input, with agenda setting being more streamlined and themed.

3. A PLACE-BASED APPROACH

- 3.1 Throughout Greater Manchester there are several excellent examples of successful partnerships delivering services effectively and working alongside communities to improve outcomes. Tameside has helped to drive the Public Sector Reform (PSR) programme across Greater Manchester, which has acted as a lever for significant reforms including the health and social care devolution agreement giving greater freedom and flexibilities for local government. There is an acceptance that a further step change is required if truly integrated place based service delivery that works to achieve common objectives, fully engages communities is to become mainstream.
- 3.2 The proposal is that the Health and Wellbeing Board leads a place-based approach to health and wellbeing based in neighbourhoods, which balances immediate priorities on integration with action on prevention and addressing the wider determinants of health. Only

the Health and Wellbeing Board has oversight and membership of the entire local health and care system and the factors that impact locally on health and health inequalities such as education, housing, employment, transport, planning and the environment. To improve health outcomes of Tameside residents, it is imperative that locally senior leaders come together to develop this oversight. Through the Care Together Programme and GM Devolution the Board will drive the locality plan at the pace and ambition that will allow us to meet our local population's needs. The Board will need to set high standards to achieve a system-wide approach which uses personalisation, prevention and integration to achieve radical change.

- 3.3 The development sessions show strong support for truly place-based, person centred, preventative approaches as the only way to address complex issues, where many interacting causes require a number of agencies to make a co-ordinated response.
- 3.4 Place-based approaches will give the board the ability to address unique local conditions drawing on local knowledge and skills. Crucially, they also embody principles of the Greater Manchester devolution agenda with a commitment to subsidiarity – the principle that decisions should be taken at the most local appropriate level. It would also facilitate greater engagement of commissioners with local communities and with health and care providers so that commissioning reflects their needs and services suit the way they live their lives and builds on existing services to ensure that they are fit for the future.

4. PLACE BASED PRINCIPLES

- 4.1 The feedback from the development sessions has been summarised in the principles below which will inform future Board priorities:
 - All of our plans will be focussed on people and places rather than the different organisations that deliver services.
 - Our joint commissioning plans will be place based and developed around people's homes, neighbourhoods and towns.
 - We will lead a place-based approach to health and wellbeing, which balances immediate priorities on integration with action on prevention and addressing the wider determinants of health.
 - We will create an economy of scale culture with a do once and share ethos
 - We will promote a preventative approach, which builds on existing community and individual assets to promote health, wellbeing and independence and reduces pressure on acute services.
 - We will commissioning services at the most appropriate geographic level and over the required geographic footprint.
 - We will deliver place based, joined-up, cross-cutting approaches to local priority issues such as substance misuse, for example with local police, ambulance, community health, businesses and voluntary sector, so that all agencies work together towards mutually agreed outcomes.

5. RECOMMENDATIONS

- 5.1 As set out at the front of the report.